

CJA 24 AUTHORIZATION AND VOUCHER TRANSCRIPT

1. CIR./DIST./DIV. CODE 0971		2. PERSON REPRESENTED Rowland Marcus Andrade		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 3:20-CR-00249-1-RS-		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA v. Andrade		8. PAYMENT CATEGORY Felony (including pre-trial diversion of alleged felony)	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE Criminal Case		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense</i> 18:1343.F, 18:1956-3300.F	
REQUEST AND AUTHORIZATION FOR TRANSCRIPT					
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Trial					
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14.) Trial					
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS
A. Apportioned 0% of transcript with (Give case name and defendant)					DW
B. <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited <input type="checkbox"/> 3-Day <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript					DW
C. <input checked="" type="checkbox"/> Prosecution Opening Statement <input checked="" type="checkbox"/> Prosecution Argument <input checked="" type="checkbox"/> Prosecution Rebuttal <input checked="" type="checkbox"/> Defense Opening Statement <input checked="" type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input checked="" type="checkbox"/> Jury Instructions					DW
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.					
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. _____ Signature of Attorney Michael J. Shepard Printed Name Telephone: 415-318-1221 _____ 01/24/2025 11:25:18 Date				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in item 15 is hereby granted. _____ Signature of Presiding Judicial Officer or By Order of the Court 01/28/2025 09:23:35 Date of Order _____ Nunc Pro Tunc Date	
CLAIM FOR SERVICES					
17. COURT REPORTER/TRANSCRIBER STATUS <input checked="" type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME Clerk's Office MAILING ADDRESS (First Name, M.I., Last Name, Including any suffix). U.S. District Court 450 Golden Gate Avenue 16th Floor San Francisco, CA 94102 Telephone: 415-522-2079	
19. SOCIAL SECURITY OR EMPLOYER ID NUMBER OF PAYEE XX-XXXXXXX					
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO OF PAGES	RATE PER PAGE	SUB TOTAL	LESS AMOUNT APPORTIONED
Original	-----				
Copy	-----				
Expense (Itemize)					
TOTAL AMOUNT CLAIMED					\$0.00
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim for services rendered is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of _____ Date 1/1/1901					
ATTORNEY CERTIFICATION					
22. CERTIFICATION OF ATTORNEY OR CLERK. I hereby certify that the services were rendered and that the transcript was received. _____ Signature of Attorney or Clerk _____ Date					
APPROVED FOR PAYMENT - COURT USE ONLY					
23. APPROVED FOR PAYMENT _____ Signature of Judicial Officer or Clerk of the Court _____ Date				24. AMOUNT APPROVED \$0.00	